MANAGEMENT OF GENDER BASED VIOLENCE: CHALLENGES FACED BY PSYCHOSOCIAL AND MEDICAL PRACTITIONERS IN NAIROBI WOMEN'S HOSPITAL

BY

ROSELYN NKIROTE GUCHERA

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DECLARATION

This Research Project is my original work and has not been presented for a degree in any other university.

Roselyn Nkirote Guchera

Signature _____

Date 22/11/11

Supervisor

Prof. E.K Mburugu

Signature _____

Date 22/11/11

DEDICATION

I dedicate this project to my lovely family; my husband Joseph Muriithi Gikunda for all his efforts, encouragements, and support to ensure that this project is where it is today. I also dedicate this piece of work to my son Lucas Gitonga. God Bless you.

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I want to say thank-you very much to all of you, who have helped me to think through, streamline and define this project paper. Special thanks go to Prof; E.K Mburugu, for all his helpful comments, suggestions and corrections, to make this research project a success.

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ACRONYMES

GBV	-	Gender Based Violence
PEP	-	Post Exposure Prophylaxis
GVRC	-	Gender Violence Recovery Centre
GOK	-	Government of Kenya
KDHS	-	Kenya Demographic Health Survey
WHO	-	World Health Organization
IPV	-	Intimate Partner Violence
NGO	-	Non- Governmental Organization
NWH	-	Nairobi Women's Hospital

ABSTRACT

The research focused on the management of GBV: challenges faced by the medical and psychosocial practitioners in Nairobi Women's Hospital. The study also sought to find out the following: the extent to which financial constraints hinder effective management of GBV, to establish GBV training needs of medical and psychosocial practitioners in Nairobi Women's Hospital, the adequacy of health facilities in management of GBV in Nairobi Women's Hospital and the interventions that can be adopted to manage the challenges facing the management of gender based violence in the hospital. The study employed a case study research design. Purposive and census techniques were used to arrive at the sample population. In total there were thirty five respondents (n=35). Data were analysed using descriptive statistics, employing both quantitative approach and qualitative approach. Data from questionnaires were purely analysed quantitatively, and presented in frequencies and percentages while that which was collected through the interview method were analysed qualitatively. From the analysis, the study found out that: Inadequate finance has negative effects on the management of Gender Based Violence at Nairobi Women's Hospital. It reduces the probability of the hospital to implement innovative strategies that are concerned with the management of GBV. The training offered by the hospital in the management of GBV is not adequate. There are key areas of training needs among psychosocial and medical practitioners in the hospital. The hospital also lacks adequate human and physical resources to manage effectively the victims and patients of Gender Based Violence. The study recommends that the hospital's management, government, NGOs and local communities to work together towards establishing sound legal and policy framework to manage the challenges facing the management of GBV. The management in partnership with other players should put in place internal GBV management strategies on financial mobilization, staff-training programs and facility-building mechanisms.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

There has been increasing concern about gender based violence and in particular against women in both developed and developing countries. Although it is important to recognize that both men and women may be victims of gender-based violence, females are usually the victims; hence the greater focus on women (Fatusi & Oyeledun, 2002). Not only has this sort of violence been acknowledged worldwide as a violation of the basic human rights, but an increasing amount of research highlights the health burdens, intergenerational effects, and demographic consequences of such violence (Ellsberg, Maryn, and Heise, 2005).

Gender-based violence occurs across all socio-economic and cultural backgrounds, and in many societies, including Kenya, women are socialized to accept, tolerate, and even rationalize gender based violence and to remain silent about such experiences (Zimmerman, 1994). Violence of any kind has a serious impact on the economy of a country; because women bear the brunt of domestic violence, they bear the health and psychological burdens as well. Victims of gender based violence are abused inside what should be the most secure environment, their own homes.

Gender based violence in Africa has gained much attention in the mid-1990s. Studies about partner abuse and femicide appeared in Ghana, Tanzania, and South Africa. Much of the initial writing was intended simply to document the existence of such

violence and thus to construct it as a social problem. At the same time, activist groups in a number of countries such as Ghana, Uganda, and Kenya began lobbying for the passage of domestic violence codes. Women's rights activists in several countries established organizations that counsel abused women, offer legal assistance (like FIDA in Kenya), and in some instances provide domestic violence training to government personnel. In some countries like Kenya, Ghana and South Africa, specialized units within the police force were set up to address domestic violence problems affecting women and children (Bowman, 2003).

In a study on women's health and domestic violence conducted by WHO (2009), between 15% and 71% of women reported physical or sexual violence by a husband or partner. Many women said that their first sexual experience was not consensual, that is 24% in rural Peru, 28% in Tanzania, 30% in rural Bangladesh, and 40% in South Africa). Between 4% and 12% of women reported being physically abused during pregnancy. The study further revealed that about 5,000 women are murdered by family members in the name of honor each year worldwide. Other forms of gender based violence existed in form of trafficking of women and girls for forced labour and sex, forced marriages and child marriages.

Kenya has made strides in addressing various gender related issues. For instance, in 2003, the government enacted the National Commission on Gender and Development Act to co-ordinate, implement commission and facilitate gender mainstreaming in national development and to advise the Government on all aspects

thereof. In relation to gender based violence, the commission's functions included initiating, lobbying for and advocating for legal reforms on issues affecting women, and formulating laws, practices and policies that eliminate all forms of discrimination against women and all institutions, practices and customs that are detrimental to their dignity; carry out investigations on gender-based rights and violations and forward recommendations to the relevant authorities (GoK, 2003). Further, the government enacted the Sexual offences Act, 2006 to make provision about sexual offences, their definition, prevention and the protection of all persons from harm from unlawful sexual acts, and or connected to gender based Violence.(GoK, 2006).

This study mainly focuses on Nairobi Women Hospital which has had its market share in the East and Central Africa region in dealing with gender violence related issues. The hospital was set up in 2001 with the aim of providing holistic health care to women and children of the society. The hospital is the first of its kind in the East and Central African region and for the past nine years, it has seen the rapid growth in the field of reproductive healthcare issues. The hospital specializes in Obstetrics and Gynecology, but also competent to handle all other general, medical and surgical conditions that require specialized care (Nairobi Women's Hospital, 2011).

The hospital offers various services in general medicine and other specialized areas touching on women and children. In an effort to handle gender violence related cases, the hospital established Gender Violence Recovery Centre (GVRC). The main purpose of the centre is to mobilize resources to provide free medical treatment and

psychosocial support to survivors of gender based violence. The treatment includes Post Exposure Prophylaxis (PEP) given within 72 hours of assault to help prevent infection of HIV/AIDS. Other treatments include prevention of pregnancy, prevention of sexually transmitted infections and hepatitis B vaccine. Since inception (March 2001) GVRC has treated over 17,920 survivors of gender based violence; 3% being men, 58% women and 39% being Children. The centre receives an average of 260 survivors per month (GVRC (2011).

1.2 Statement of the Problem

The results of the 2008/2009 Kenya Health and Demographic Survey (DHS) revealed that domestic violence is still prevalent in Kenya. According to the survey, 39% of women reported having been physically or sexually assaulted by their husbands or partners during their lifetime. The findings of another study undertaken by FIDA (2004) also revealed that gender based violence and intimate partner violence is on an upward spiral. According to the study, 74.5% of the respondents interviewed in the Coast, Nairobi, Nyanza and Western provinces indicated that they have been physically abused within their homestead. Further, the study established that 40% of women between the ages of 15 and 49 had experienced partner violence at least once in their lifetime.

Following the prevalence of gender based violence, the government of Kenya had earlier in 2003 enacted the National Commission on Gender and Development Act. Other later interventions included the adoption and implementation of the Sexual

Offenses Act (Myrum, Ward & Marsh, 2008). While political commitment is growing, sound scientific evidence addressing the prevalence and context of Sex and Gender Based Violence in Kenya as well as studies testing interventions in the medical services, psychosocial and legal sectors remains thin and wanting.

The reviewed studies revealed that there are certain challenges that face the provision of health services to survivors of gender based services. Lubrani (2008) conducted a study on Women's NGOs and their Work in Gender Based Violence in Macedonia. From the study findings, it was evident that lack of sufficient funding was one way in which women's NGOs felt unsupported in management of gender based violence. However, the study was conduced in Macedonia and the findings may not reflect the real situation in Kenya, specifically Nairobi women hospital. Another study conducted by Gitau (2005) examined the impact of the availability of financial resources on innovation for established GBV NGO's in Marsabit. The study established that financial insufficiency significantly reduces the probability of an NGO' to undertake an innovative or implement key strategies concerned with management of GBV cases in Marsabit.

On Training as a need for the Management of Gender Based Violence, Bauer (2005) conducted a study on Violence against Women in Ethiopia. The study revealed that nurses had not received appropriate training on responding to the needs of survivors of gender based violence. A study by Boyle (2002) on the state of health facilities in UK revealed that poor health facilities resulted in minimal or little management of

GBV. The reviewed studies are broad in scope, and employed survey research design. None had been taken on how the challenges facing gender based violence can be addressed. This study was an attempt to examine not only the challenges facing GBV but also the strategies that could be adopted to address the challenges with reference to Nairobi Women's Hospital

The Gender Violence Recovery Centre, is a charitable trust of the Nairobi Women's Hospital which provides free medical and psychosocial support to survivors of gender based violence more specifically sexual and domestic violence. Since inception to February 2011, the hospital has treated over 17,920 survivors of sexual and domestic Violence. The youngest survivor of sexual violence being a month old baby girl and the oldest a 105 years old woman. Hence, the center has continued to play a critical role in handling gender violence related issues single handedly. Each client or survivor of GBV incurs a bill of about ten thousand Kenya shillings (GVRC 2001). However, there are critical challenges that continue to hinder effective management of gender based violence (Maternowska, 2010). Therefore, this study attempted to examine the challenges facing management of gender-based violence with reference to Nairobi Women's Hospital in Nairobi.

1.3 Research Questions

This study was guided by the following research questions:

a) To what extent do financial constraints hinder effective management of Gender Based Violence in Nairobi Women's Hospital?

b) What are the GVB training needs of medical and psychosocial practitioners in Nairobi Women's Hospital?

c) What are the health facilities needs for effective management of GBV in Nairobi Women's Hospital?

d) What interventions can be adopted to manage the challenges facing medical and psychosocial practitioners in the management of GBV in the hospital?

1.4 Research Objectives

The following specific objectives guided the study:

a) To find out the extent to which financial constraints hinder effective management of Gender Based Violence in Nairobi Women's hospital.

b) To establish Gender Based Violence training needs of medical and psychosocial practitioners in Nairobi Women's Hospital

c) To examine the adequacy of health facilities in management of Gender Based Violence in Nairobi Women's Hospital

d) To suggest the interventions that can be adopted to manage the challenges facing the management of gender based violence in the hospital.

1.5 Significance of the Study

The findings of this study were hoped to be of contribution not only to the management of Nairobi Women's Hospital but also to policy makers among other stakeholders in Gender Based Violence arena.

The management of Nairobi Women's Hospital: The findings of the study are hoped to shed more light on the nature of the challenges facing the management on Gender Based Violence and the interventions that can be taken.

Policy Makers: The findings of this study regarding the management of the challenges facing GBV are hoped to shed more light to the policy makers towards strengthening various institutions through adoption of radical legal and policy framework.

Knowledge Base: The field of Gender Based Violence has attracted a handful of researches. However, no well set data collection mechanisms on GBV has been set. This study is expected to contribute towards provision of primary data on the management of gender based violence. The study is also expected to excite researchers and scholars to carry out more studies on the legal and policy provisions on gender based violence and comparative empirical study on legal and policy implementation of Gender Based Violence.

1.6 Scope of the Study

The study focused on the management of the challenges facing Gender Based Violence. Only Nairobi Women's Hospital is considered since it is best suited in terms of dealing with gender violence related cases in Kenya. Only medical practitioners, (doctors and nurses) and psycho-social practitioners (mainly counselors) were involved in the study. These are expected to provide reliable information on the key challenges facing the management of GBV in the Hospital.

1.7 Limitations of the Study

According to Best and Kahn (1993), limitations are conditions beyond the control of the researcher that may place restriction on the conclusions of the study and their applications to other situations. The major limitation of the study pertains failure of the respondents to truly answer to the questions asked about major challenges facing the management of gender based violence in Nairobi Women's Hospital.

1.8 Operation Definition of Key Terms

Challenge

This term has been used to refer to the major factors or issues that affect the management of Gender Based Violence. The key ones that have been considered include financial constraints, training needs and health facilities issues.

Domestic Violence

Domestic violence has been used to imply a pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage, dating, family, friends or

cohabitation. The term has been used interchangeably with the term Intimate Partner Violence (IPV).

Gender

This term has been used to mean the characteristics distinguishing between male and female as assigned by the society. The term has been used along with the term Gender Based Violence, an aggression which is deeply rooted in the very roles that the society assigns to both men and women. Such roles place men in high levels in all spheres, may it be socially, economically and even politically. Thus women are more often the victims of GBV.

Gender-Based Violence

Gender based violence is aggression that is directed at an individual based on her or his specific gender role in a society. While it can affect both females and males, gender-based violence affects women and girls disproportionately. It is violence that establishes or reinforces gender hierarchies and perpetuates gender inequalities. Gender-based violence attacks the fundamental human rights of adults and children alike (GoK 2006).

In this study, the phrase has been used to refer to various forms violence, chiefly domestic and sexual violence.

Sexual Violence

This term has been used to mean any situation in which force is used to obtain participation in unwanted sexual activity. This term is used as to include its various forms, namely: use physical force to compel a person to engage in a sexual act against his or her will; attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, and abusive sexual contact.

Management

This term is used in the study to mean the manner through which gender based violence is handled or addressed.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

Gender-Based Violence (GBV) is a widespread and socially tolerated human rights violation that takes the form of domestic violence, sexual and psychological abuse. It is emerging as a serious global health, human rights and development issue and it is a symptom of gender inequalities. This section briefly presented a few studies that have been conducted on the challenges facing the management of Gender Based Violence. The chapter is divided according to the following sections: Financial Constraint Issue, Training needs in GBV and Health facilities. The last section presented the strategies that could be adopted to address the challenges facing the management of GBV.

2.1 Financial Constraint Issue in Management of Gender Based Violence

GBV management, prevention and response mechanism in Kenya are not yet institutionalized (Were. and Kiringai 2003). Some of the financial challenges facing management of gender based violence in Kenya include Low or no funding for Gender Based Violence programmes from the government kitty. This results to most GBV programmes to largely depend on donor funding which at the moment has greatly reduced, making the future of most of programmes and NGOs uncertain (World Bank 2010).

Lubrani (2008) conducted a study on Women's NGOs and their Work in Gender Based Violence in Macedonia. The study also sought to establish the services offered by women's NGOs and the challenges they face in offering their services. The study targeted 200 Non-Governmental Organizations throughout the country ran by women. Thirty-four of the organizations that participated in the study reported working on gender based violence. Face to face interview method was used to collect data which was analyzed qualitatively.

The findings of the study revealed that lack of sufficient funding was one way in which women's NGOs felt unsupported by government. All the Thirty-four sampled NGOs when asked to identify their biggest problem, the most common answer was funding. In addition to lack of operational funds, space, equipment and materials were also identified as obstacle in their work. Along these same lines, almost half of them believed that their mission as an organization was impossible to achieve because their funding was contingent on projects. While all of the organizations who were asked about support from government, claimed to have no budgetary allocations at the municipal levels to support women's rights or efforts on gender based violence prevention.

Another study by Gitau (2005) examined the impact of the availability of financial resources on innovation for established GBV NGO's in Marsabit. The study used data from staff members, managers and directors of the sampled NGOs which dealt with cases of gender based violence. The study found that financial insufficiency

significantly reduces the probability of an NGO' to undertake an innovative or implement key strategies concerned with management of GBV cases in Marsabit.

From the reviewed studies (Lubrani, 2008; Gitau, 2005), it is evident that lack of adequate financial support from government and donors is one of the key challenges that face the management of Gender based violence. These studies involved a number of NGOs and the challenges they face in relation to funding. The current study however, examined a single unit, namely Nairobi Women's Hospital where the set up is particular and could thus offer more insights in relation to financial needs in the management of GBV programs in the institution.

2.2 Training Needs for the Management of Gender Based Violence

Warshaw (2009) in a study entitled *Domestic Violence: Challenges to Medical Practice* established that there are certain obstacles that keep health care providers from routinely asking about domestic violence despite the availability of information on its importance. These are related to issues that transform social problems into medical problems, where people are transformed into professionals who only fit medical or psychiatric diagnostic categories. This raises more questions on their training on handling gender based violence issues. Without training, medical practitioner found it difficult to provide the kinds of empowering and advocating responses that are most supportive to women who have been abused.

Bauer (2005) conducted a study on Violence against Women in Ethiopia. The study applied survey research design. The sample consisted of 50 women, 15 men and 5

nurses. Random sampling procedure was used to arrive at the sample. Questionnaires were given to women whereas interview guide applied to men and nurses. The study revealed that nurses at a nearby clinic whose most patients were those of gender based violence had not received appropriate training on responding to the needs of survivors, the nurses were not trained on the interview techniques and comprehensive knowledge of referral mechanisms and options available to them. The clinic did not provide them with training in GBV, and especially in understanding how prevention of GBV is central to protection and to the upholding of human rights.

Another study was conducted by Finkelhor (1994) on the international epidemiology of child Abuse in Germany. The target population consisted of children, women and medical practitioners. The sample constituted of 150 children, 60 women and 12 medical practitioners. Observation guide was used on children whereas questionnaires and interview guide was administered to women and medical practitioners respectively. The study revealed untrained medical practitioners did not know how to handle GBV cases, and effective interventions that could be used to curb GBV. According to the study, this was one of primary barriers towards management of gender based violence.

2.3 Health Facilities Needs in Management of Gender Based Violence

Henttonen, Watts, Roberts, Kaducud and Borcherte (2008) conducted a study on the status of health services available for the survivors of gender-based violence in the

Gulu District, in Uganda. Semi-structured interviews were carried out on gender-based violence and general health providers and availability of medical supplies was reviewed. The study findings revealed that health facilities lacked medical supplies and also qualified staff to adequately detect and manage survivors. Further, confidential treatment and counselling could not also be ensured.

Boyle (2002) conducted a study on the state of health facilities in UK emergency department. Cross sectional survey design was used. The study was done in the emergency department of Addenbrooke's Hospital, over a two week period in 2001. Patients were interviewed by a single interviewer. The study targeted all patients more than 16 years old and family members who registered the patient at the emergency department. Purposive sampling was used to sample and arrived to those who were eligible for inclusion in the study. The study findings revealed poor health facilities resulted in minimal or little management of GBV. This is because patients lacked the medical attention and psychosocial practitioners were unable to administer counselling which is needed most during this period (Abbott, 1995).

The reviewed studies reveal that lack of adequate health facilities can hinder effective management of Gender Based Violence. These studies employed survey research design, and had a wider scope. None had been conducted in Kenya. The current study attempted to examine the extent to which lack of adequate facilities can affect the management of GBV in Nairobi Women's Hospital.

2.4 Strategies that can be adopted to manage the challenges facing the management of Gender Based Violence

Indeed, the law must be more proactive in entrenching the protection of women and children rights through appropriate reforms (Benjamin 2004). There is need to ensure the finalization and promulgation of the Family Protection Bill which provides protection against GBV. Part I of the Bill defines domestic violence is defined as "violence against a person by another with whom the victim of violence is or has been in a domestic relationship with " (FIDA 2002).The Bill recognizes that Gender based violence can take various forms or shapes, including sexual abuse, physical abuse, emotional and psychological abuse, intimidation, harassment, economic abuse, stalking, forcible entry into the applicants residence where the parties do not share a common residence, depriving the applicant of or hindering the applicant from access to or reasonable share of facilities associated with the applicant 's place of residence, abuse derived from customary and cultural practices which include: Female genital mutilation, Forced marriage and Forced wife inheritance (Government of Kenya 1970),

Training of Medical and psychological Practitioners should be aimed at management of the challenges facing gender based violence also negative stereotypes and misperceptions about Gender based violence held by Medical and psychological Practitioners should be avoided , in order to encourage reporting of Gender Based violence in clinical settings. In addition all Medical and psychological Practitioners should consider screening for Gender Based violence as part of routine psychiatric

assessment. Furthermore, Specific teaching about Gender based violence should be introduced into the curriculum in medical schools attended by Medical and psychological Practitioners and continued through work (UNAIDS 2006).

2.5 Theoretical Framework

2.5.1. Behavioural Theory

Behaviourism was founded by scholars like B.F. Skimmer, Pavlov, Albert Ellis, Wolpe and Albert Bandura and has its origin in the 1950's, 1960's. It is a radical departure from the predominant psychoanalytic perspective in that behavourists believed that behavior is not influenced by past experiences. According to them, behaviour is mechanistic. Thus behaviour can be learned, unlearned and/or relevant and thus can be modified. The learned behaviour is the problem and not the symptom of the problem. At the centre of behavioural theory is the concept that events do not force people to have non purposeful behavioural reactions. Rather it is their interpretation of thoughts and events that precipitates emotional and behavioural reactions.

The target for change therapy is those thoughts, attitudes, beliefs and meanings that create emotional/behavioural failure. In application, behavoiurists such as medical and psychosocial staff help clients by teaching them how to act or behave appropriately in congruence with their environment. This is meant to bring about a mentally, physically, healthy and stable individual.

This theory is relevant to this study in seeking to change management roles at the Nairobi Women's Hospital. This is achieved through integrating training of medical and psycho-

social practitioners, screening and introduction of GBV education in schools which train practitioners and in effective management including funding and provision of health facilities to achieve optimal use of the hospital.

2.5.2. Cognitive Theory.

The main proponent of this theory was Jean Piaget who also referred to the cognitive theory as the theory of intellectual development. Cognitive development deals with the thinking problem, solving, intelligence and language (Black and Pucket, 1996). In Piaget's theory, he emphasized that knowledge has a purposeful goal in an individual's life as it helps one to adapt in the environment.

In Piaget's theory, cognitive development comes in stages. The four stages are the sensor – motor stage, pre-operational concrete operational and the formal operation. These stages appear in a sequence. This theory is relevant to this study by emphasizing on knowledge and learning as key in achieving goals. Knowledge through purposeful management assists in bringing in strategies such as funding for GBV programmes, enactment of laws on GBV and provision of adequate training to all medical and psycho-social practitioners. The result of all this will be effective management of GBV at the Hospital.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter discusses the research methodology that was used in this study and provides a general framework for this research. The chapter presented details of the research design, target population, sample and sampling procedures, description of research instruments, validity and reliability of instruments, data collection procedures, data analysis techniques, ethical considerations made by the researcher and the summary of the methodology.

3.2 Research Design

According o Kerlinger (1973) a study design is the plan of action the researcher adopts for answering the research questions. This is in line with Orodho (2003) description of a research design as a plan, structure and strategy of investigation to obtain answers to research questions and control variance. It sets up the framework for study and is the blueprint of the researcher.

Eisenhardt (1989) defines Case study as a research design that focuses on the dynamics presented within a single setting. This study employed the *case study* research design which has evolved over the past years as useful tool for an in-depth investigation of trends and specific situations. This research design allows a thorough, meticulous and systematic data collection on the research problem. It also allows the participant to describe what is meaningful to them rather than

being restricted to predetermine categories. In addition, it provides high credibility and face validity and will allow the researcher to probe for more details and ensures that participants will be interpreting questions the way they were intended.

Further, it gives a deep understanding of the issues, and allows data collection using in-depth interviews and questionnaires. Case studies can also take both qualitative and quantitative approach involving large sample (Yin, 1994). Hence, the findings based on case studies can contribute to scientific development and can be used to summarize and develop general proposition and theories, which are generalizable (Flyvbjerg, 2006). In this study, an in-depth questionnaire and interview schedule were used to collect data on the challenges faced by psychosocial and medical practitioners in managing Gender Based Violence Nairobi Women Hospital. The sample consisted of the psychosocial and medical practitioners in Nairobi Women's Hospital.

3.3 Target Population

According to Gall *et al* (2003) a target population provides a solid foundation and first step upon which to building population validity of the study. Barton (2001) observes that any scientific research targets a given population through which questionnaires and interviews are distributed so as to get the desired or the required data for analysis. This study targeted all Psycho-social practitioners who comprise of Chief Psycho-social practitioners, Counselors and social workers.

Also targeted were the Medical practitioners made up of Chief medical practitioners, Doctors and Nurses.

3.4 Sample and Sampling Procedures

A sample is a smaller group or sub-group obtained from the accessible population (Mugenda and Mugenda, 1999). This subgroup is carefully selected to be representative of the whole population with the relevant characteristics. Each member or case in the sample is referred to as subject, respondent or interviewees.

Sampling is a procedure, process or technique of choosing a sub-group from a population to participate in the study (Ogula, 2005). It is the process of selecting a number of individuals for a study in such a way that the individuals selected represent the large group from which they were selected. The study applied purposive and census sampling procedures to obtain the respondents.

Table 3.1: Summary of the respondents

Respondents	Sample size
Psycho-Social Practitioners	
Chief Psycho- social Practitioner	1
Counselors	10
Social Workers	4
Medical Practitioner	
Chief Medical Practitioner	1
Doctors	9
Nurses	10
Total	35

Purposive sampling procedure was used to sample the Chief Psycho- social Practitioner. Bearing in mind that the number of the remaining Psycho-Social Practitioners is small, census procedure method was used to select these members who comprise of counselors and social workers.

Purposive sampling procedure was also used to arrive at the chief medical Practitioner. For inclusiveness all other staff members including doctors and nurses were also involved.

3.5 Description of the Research Instruments

The research instruments that were used by the study included questionnaires and Interview guide.

3.5.1 Questionnaires

The questionnaires were selected because they were held to be straight forward and less time consuming for both the researcher and the participants (Owens, 2002). Questionnaires were used to collect data from Psycho-Social Practitioners and Medical Practitioner who include: Counselors, social workers, doctors and nurses.

3.5.2 Interview Guide

An interview guide is a multi data collection method (Owens, 2002). This method of data collection was used to collect data from the Chief Psycho- social Practitioner and chief medical Practitioner.

3.6 Reliability and Validity of Research Instruments

3.6.1 Reliability

Reliability is the ability of a research instrument to consistently measure characteristics of interest over time. It is the degree to which a research instrument yields consistent results or data after repeated trials. If a researcher administers a test to a subject twice and gets the same score on the second administration as the first test, then there is reliability of the instrument (Mugenda and Mugenda, 1999).

The error may arise at the time of data collection and may be due to inaccuracy by the researcher or inaccuracy by the instrument. Reliability is concerned with consistency, dependability or stability of a test (Nachmias, 1996). The researcher measured the reliability of the instruments to determine their consistency in testing what they were intended to measure.

The test re-test technique will be used to estimate the reliability of the instruments. This involved administering the same test twice to the same group of respondents who will have been identified for this purpose. According to

Kunbizynard & Burich (1993) a reliable instrument should have a correlation coefficient of 0.95.

3.6.2 Validity

Validity refers to the degree to which evidence and theory support the interpretation of test scores entailed by use of tests (Nachmias, 1996). The validity of instrument is the extent to which it does measure what it is supposed to measure. According to Mugenda and Mugenda (1999), Validity is the accuracy and meaningfulness of inferences, which are based on the research results. It is the degree to which results obtained from the analysis of the data actually represent the variables of the study.

The researcher validated the research instruments in terms of content and face validity. The validation of the questionnaires and interview schedule will be done through the following ways: the researcher will request research experts, professionals of education and administration to review the items on the instrument to determine whether the set of items accurately represent the variables under study after which the request research experts or professionals of education judge, make recommendations and give feed back to the researcher.

3.7 Data Collection Procedures

Data collection is a process of gathering information from respondents or interviewee. This is done through the use of research instruments (Mugenda and

Mugenda 1999). The management Nairobi Women's Hospital was contacted with the view of seeking permission to collect data and to explain the purpose of the study. Once this was done, the researcher distributed the questionnaires to Psycho-Social Practitioners and Medical Practitioner staff members with the help of both the Chief Psycho- social Practitioner and the chief medical Practitioner. The researcher in person made personal follow up to ensure that all the questionnaires were collected back. The researcher made an appointment with both the Chief Psycho- social Practitioner and the chief medical Practitioner to schedule for an interview. The interview was conducted in a conductive atmosphere while assuring the participants confidentiality of the provided information.

3.8 Data Analysis Procedure

The collected data was analyzed using both quantitative and qualitative data analysis approaches. Quantitative approach involved both descriptive and inferential analysis. Descriptive analysis such as frequencies and percentages were used to present quantitative data in form of tables and graphs based on the major research questions. Data from questionnaire were coded and logged in the computer using Statistical Package for Social Science (SPSS). Data collected through interview from the chief psychosocial and medical practitioners were analyzed qualitatively. The emerging areas of concern were integrated within the framework of the quantitative analysis.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter deals with data analysis, results and discussion of the findings on the major challenges facing the Management of Gender Based Violence at Nairobi Women's Hospital (NWH). The data were analyzed with the help of a computer software namely Statistical. Package for Social Sciences (SPSS). This enabled the researcher to present the data in frequencies, percentages and summarized in tables and figures. The chapter is divided into two main sections, namely results and discussion of the findings on the management of GBV.

4.2 Results

This section is organized based on the following sub-headings: background characteristics of the respondents (Psychosocial and medical practitioners), financial constraint issue in management of GBV, training needs for the management of GBV, health facilities needs in management of GBV, strategies that can be adopted to manage the challenges facing the management of GBV.

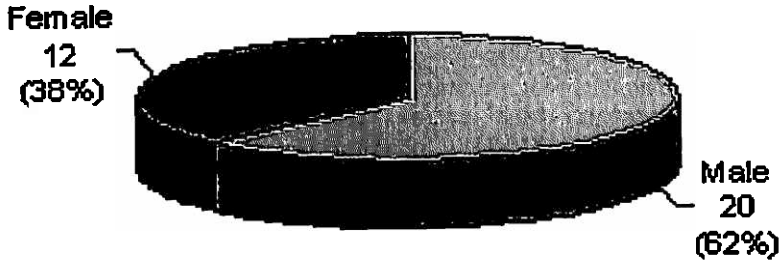
4.2.1 Background Information of the Respondents

There were various background characteristics of the respondents (the staff members of NWH) that were looked into by the study. These included sex, working experience and designation.

Sex

The sex of an individual can be categorized as to either male or female. The participants in the study were asked to indicate their sex.

Figure 4.1: Distribution of the respondents by their sex

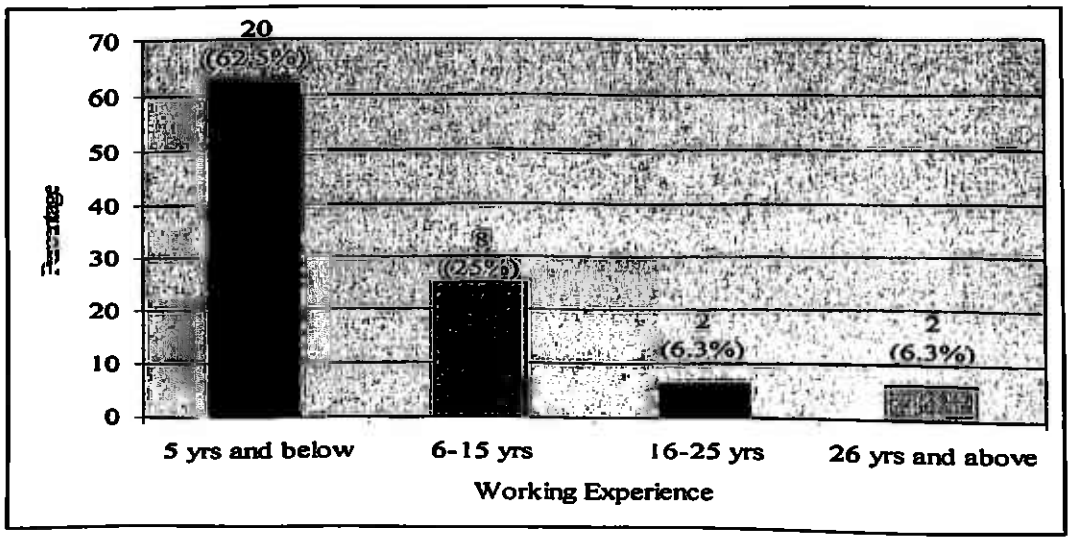


A majority of respondents (62%) who participated in the study were male. Slightly over a third of them (38%) were female.

Working Experience

The respondents were also asked to indicate their working experience. This was categorized from 5 years and below, 6-15 years, 16-25 years and 26 years and above.

Figure 4.2: Distribution of the NWH by working experience

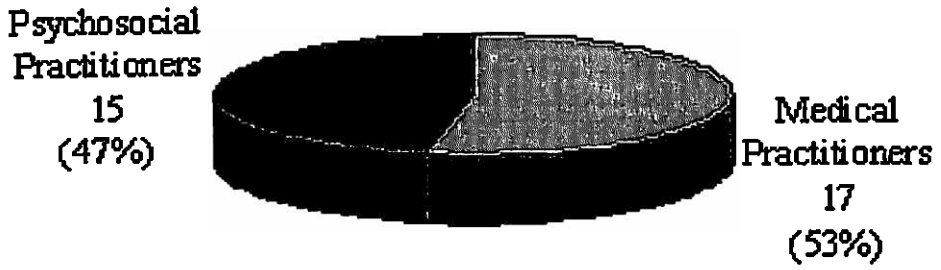


A majority of respondents 20 (62.5%) had a working experience of 5 years and below. A quarter of them (25%) had a working experience of 6-15 years. Only a few of them (12.6%) had a working experience of about 16 years and above. The experience was used for the purpose of the reliability of the information provided on the GBV issues facing the hospital.

Designation

Those who participated were also asked to specify their designation. The designation was categorized into either psychosocial or medical practitioners.

Figure 4.3: Distribution of the Respondents by Designation



Slightly, more than a half of the respondents (53%) were medical practitioners while 47% of them were psychosocial practitioners. The number of both psychosocial and medical practitioners was small. The study considered all those who could be reached. The number of the respondents is an indicator of the status of the staff members as far as medical and psychosocial practitioners are concerned.

4.2.2 Financial Constraints in the Management of GBV

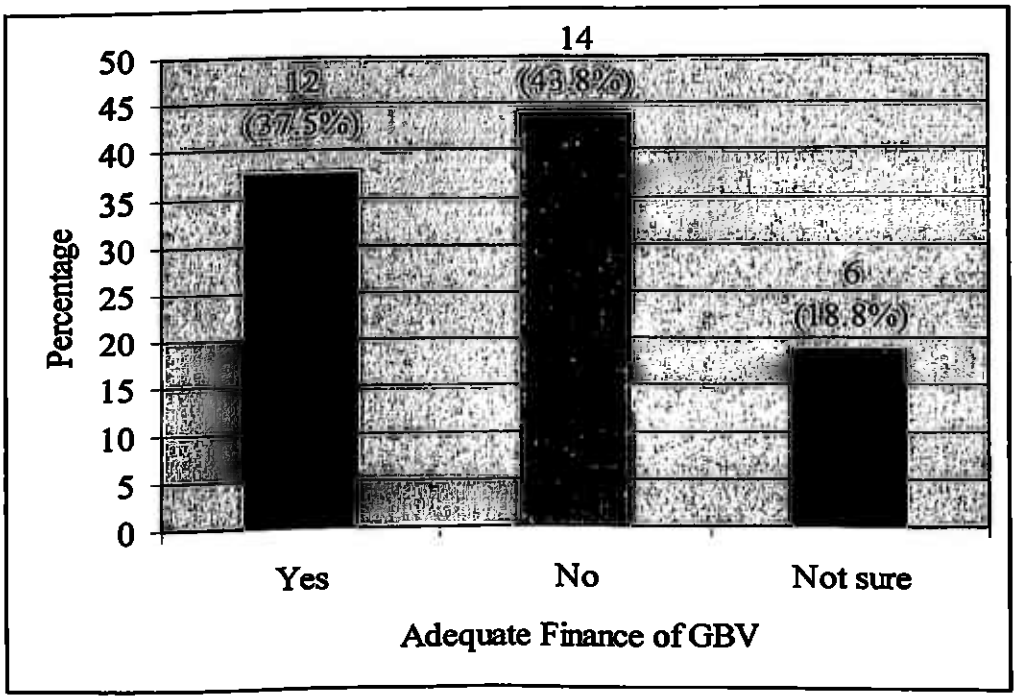
There is no singular activity that can be successfully accomplished without finances. Finance factor plays a critical role in the management of various

activities. This study sought to find out the extent to which financial constraints hindered effective management of Gender Based Violence at NWH. In order to answer this objective, the study examined a number of areas which are considered under this section.

a) Whether the programs related to GBV are adequately financed.

Asked whether the programs related to GBV were adequately financed, the respondents had varied responses. Figure 4.4 shows the distribution of the participants.

Figure 4.4: Distribution of whether GBV Programs are adequately financed



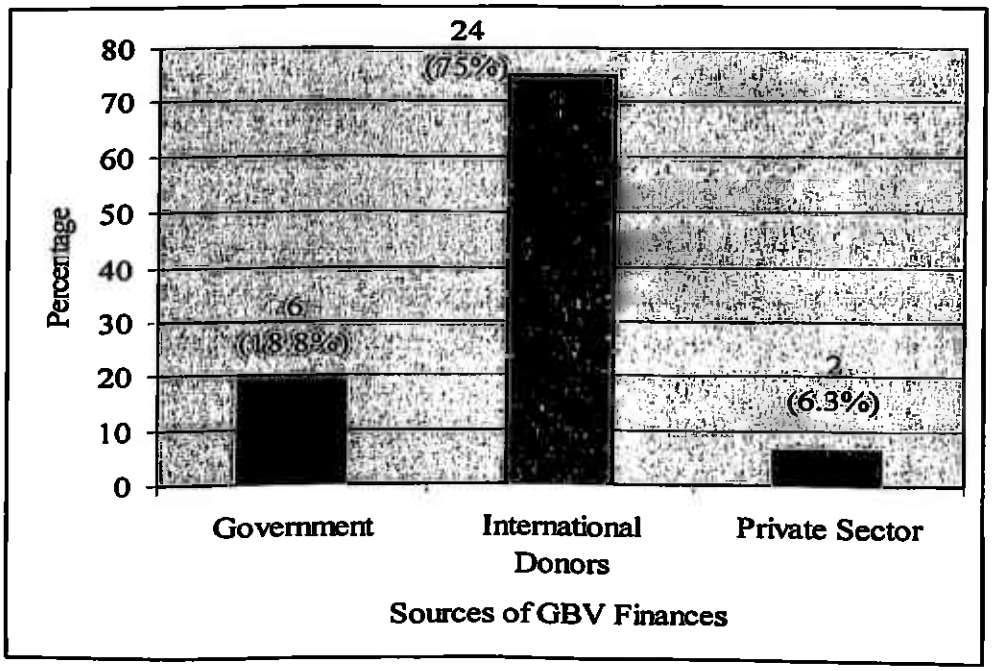
Slightly less than a half of the respondents (43.8%) indicated that GBV related programs at NWH were not adequately financed. Some 37.5% felt that these programs were financed to some extent. However, there was 18.8% of the participants who indicated that they were not sure as to whether these programs

were adequately financed or not. This shows that the program attracts some amount of financial support but not adequately.

b) Sources of finances for GBV programs

The participants were further prompted to indicate the sources of the finances used to run the program in the hospital. Various responses came up showing that there are various sources of finance that can be used to support GBV programs. These included sources from the government, local and international NGOs and private sector.

Figure 4.5: Distribution of the Major Sources of GBV Finances



The under-financing of the health sector has reduced its ability to ensure an adequate level of healthcare for the population. Thus, the provision of health and medical care services in Kenya is partly dependent on donors. From the findings of this study, a majority of respondents (75%) indicated that the major source of

GBV programs were the international donors. Only a few of them (18.8%) indicated that the government was the major source of finance. Private sector has its own share of contribution towards GBV programs as indicated by a small number of participants (6.3%). From the findings of the study, it is evident that the hospital relies mainly on the donor and government support to run GBV programs.

c) Effect of Financial Constrain on the Management of GBV

Lack of adequate finances can be a major drawback in the management of GBV programs. It can slow down the procedures and activities of an institution. It can also limit the rate at which an institution intends to expand so as to give more and adequate services to its clients. Seeking to find out more about the effects of financial constraints, the participants were asked to indicate how this factor affected the management of GBV programs in the hospital.

Table 4.1: Effect of financial constraint on the management of GBV

	SA		A		UN		D		SD	
	Freq	(%)	Freq	P (%)	F	P (%)	F	P (%)	F	P (%)
A financial constraint prevents victims of GBV from seeking Medical attention and counseling services.	22	68.8	6	18.8	2	6.3	2	6.3	-	-
Financial insufficiency reduces the probability of hospitals to implement GBV strategies.	20	62.5	10	31.3	-	-	2	6.3	-	-
Reducing GBV is sometimes impossible because funding is contingent to support GBV human and physical resources.	16	50.0	8	25.0	6	18.8	2	6.3	-	-

Effect on Service Delivery

Financial constraint affects the rate and quality of services offered by an institution or organization to its clients. From the findings, a majority of the respondents (68.8%) strongly agreed that financial constraints prevented the

victims of GBV from seeking medical attention. Only 2 (6.6%) felt that it did not much effect as to hinder service delivery. These could have been among those who felt that the available financial resources were adequate for service delivery.

Effect on Implementation of GBV Strategies

A majority of respondents (62.5%) strongly agreed that financial insufficiency reduced the probability of the hospital to implement innovative strategies that are concerned with management of GBV. Slightly less than a third of them (31.3%) also agreed on the same. This may be due to the fact that finance is the key resource for any implementation process to be undertaken. Finances determine what strategy to take and the measures to implement in order to achieve a certain goal. Thus financial insufficiency can hinder the hospital from implementing key GBV strategies.

Effect on the management of human and physical resources

Most of the financial resources received in an institution are mainly channeled towards managing the physical and human resources available. From the findings, a half of the respondents (50%) strongly agreed that reducing GBV through hospital financing was impossible mainly because the available funds is channeled towards human and physical resource maintenance. However, a few (6.3%) disagreed. This could imply that such finances, if well managed could still be used to support GBV programs.

From the interview, the chief psycho-social and medical practitioners reported that the programs related to GBV were financed to some extent. He went on to

report that some of the major sources of finances for GBV in the hospital included the international donors and the government.

From the self filled interview, it also emerged that lack of adequate finances in the hospital affected negatively the efforts of the hospital staff members in offering quality services to the victims of GBV. The management of the hospital could not implement some of the strategies that were best in dealing with GBV due to lack of adequate finance.

4.2.3 Training Needs on the Management of Gender Based Violence

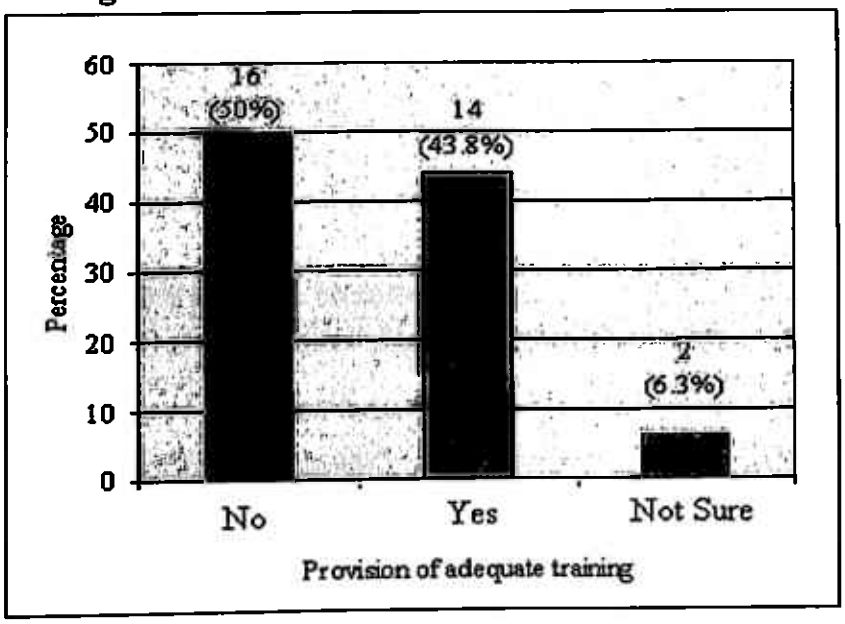
Each and every individual requires some certain skills and training in order to carry out any given task effectively. Without adequate training, one may find it difficult to accomplish the assigned task or duty. This study intended to find out the GBV training needs of medical and psychosocial practitioners in Nairobi Women's Hospital.

To answer this objective, there were various areas that were looked into.

a) Provision of Adequate Training

The respondents were asked to indicate whether they were provided with adequate training on the management of GBV by the hospital. Various responses were received.

Figure 4.6: Whether the members of staff received training on the Management of GBV



From the findings, half of the respondents (50%) indicated that they were not being provided with adequate medical training by the hospital. Another slightly less than a half of them (43.8%) indicated that they had received some training on the management of GBV. This could be among those who are self-sponsored. There were only a few to were not sure about whether the hospital provided training on the management of Gender Based Violence or not.

During the interview with the chief psychosocial and medical practitioners, it emerged that indeed there were trainings offered by the hospital in the management of GBV. The chief psychosocial practitioners reported that the training offered by the hospital may not be enough to meet the individual needs. Thus, the staff members do support themselves in pursuing some courses. In any case, the hospital has a duty, as any other institution, to support staff training and development agenda.

b) Areas Covered during Training on the management of GBV

The respondents were asked to indicate some of the areas that are covered during training on the management of GBV. Various responses were obtained.

Table 4.2: Distribution of the responses on the areas covered in training of GBV

	GBV training areas	Frequency (F)	Percentage (%)
i)	Causes of GBV	8	25.0
ii)	How to manage G.B.V	8	25.0
iii)	Preventive measures	8	25.0
iv)	GBV public awareness courses	4	12.5
v)	How to handle GBV survivors	4	12.5
	Total	**32**	**100.0**

According to the respondents, some of the key areas covered during the training of GBV included causes of GBV (25%), how to manage GBV (25%) and the preventive measures of GBV (25%). Some other areas covered included GBV public awareness courses 12.5%) and how to handle Gender Based Violence survivors (12.5%). Such training may not be adequate to handle all GBV cases.

c) Training Needs in the Management of GBV

When the participants were asked to indicate the areas of their training needs, it emerged that they needed training in GBV advocacy, victim response mechanism and victim empowerment.

Table 4.3: Distribution on the training needs in the management of GBV

No.	Statement	Yes		Undecided	
		F	%	F	%
i)	Training needs in gender based advocacy	26	81.3	6	18.8
ii)	Training needs in GBV victims response mechanisms	30	93.8	2	6.25
iii)	Training needs in GBV victim empowerment	28	87.5	4	12.5

Training needs in the area of GBV advocacy: An overwhelming majority of the respondents (81.3%) indicated that their needs of training were within the areas of GBV advocacy. Only a few of them (18.8%) indicated that that they were undecided about this area of training.

Training on Victim Response Mechanisms: From the findings, an overwhelming majority of the respondents (93.75%) also pointed out that they needed to be trained in areas of GBV victim response mechanisms. Only a few of them (6.25%) were undecided about the area of training.

Victim Empowerment: It was also evident from an overwhelming majority of the respondents (87.5%) that there was need for psychosocial and medical practitioners to be trained on the areas of GBV victim empowerment. This is in terms of victim follow up programs and initiatives.

From the interview, there were various emerging areas of training needs among the practitioners. According to one of the medical practitioners, some of the areas the medics required training in included the following: a) Sexual assault management, b) Training in forensic examination, c) Trauma counseling, and d) Collection of evidence and court attendance

One of the psychosocial practitioners reported that there need for training among the psychosocial practitioners in the following areas: cognitive therapy training, eye movement decentisation therapy, psycho-trauma therapy and supervision.

From the findings, it is evident that although the hospital provided training in various areas related to GBV, there are still key areas that require particular attention.

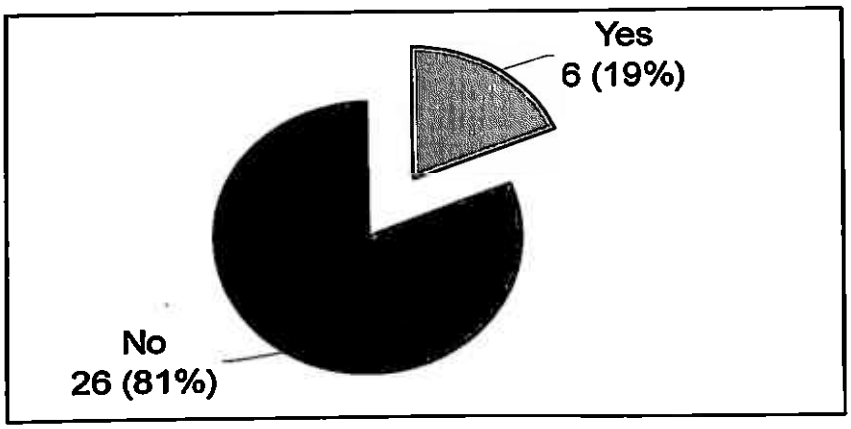
4.2.4 Health Facilities for the Management of Gender Based Violence

Facilities are essential in the running of any activity or institution. There is no hospital, school, organization or even company that can to achieve its objectives in delivering services without adequate facilities. This study sought to find out the extent to which health facilities posed challenges to the management of GBV at NWH.

a) Adequacy of Hospital facilities

With regard to the health facilities, the respondents were asked to indicate whether there were adequate hospital facilities to handle victims and patients of GBV in the hospital.

Figure 4.7: Adequacy of hospital facilities to handle victims and patients of GBV



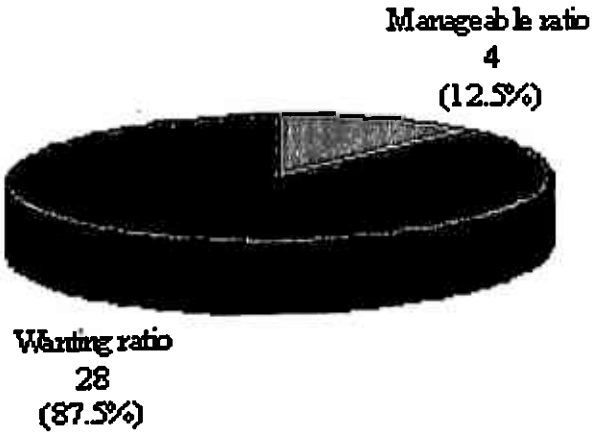
Lack of adequate health facilities can hinder effective management of GBV. It is through these facilities that the hospital is able to carry out its activities effectively. From the findings of this study, an overwhelming majority of the respondents (81%) indicated that the hospital lacked adequate health facilities that could be used to handle the victims and patients of GBV. Availability of adequate hospital facilities are the primary means through which patients gain access to treatments and medical check ups. Thus they are essential tools in the provision of adequate and quality treatments of patients.

b) Description of the human resource ratio to victims of GBV

The ratios of psychosocial and medical practitioners to the victims of GBV may assist in providing whether there services offered to these victims are of quality or whether there is a work overload for the practitioners in the hospitals. It may also reflect the management of human resource (psychosocial and medical practitioners) in the hospital. The respondents were asked to describe the ratio of

psycho-social and medical practitioners to the patients and victims of GBV in the hospital.

Figure 4.8: Distribution of the descriptions on the ratio of practitioners to the patients and victims of GBV



From the findings, an overwhelming majority of the respondents (87.5%) described the ratio of practitioners to the patients and victims of GBV as wanting. Only a few of them (12.5%) indicated that the ratio was manageable. The general impression is that the hospital lacked adequate human resources trained to handle GBV related cases.

c) The extent to which health facilities posed a challenge to the management of GBV

The study also sought to find out whether the physical facilities were adequate.

Table 4.4: Distribution of the extent to which Health facilities poses a challenge to the management of GBV

	Statements	To a greater extent		To some extent		No extent at all	
		F	%	F	%	F	%
a)	Poor health facilities in the hospital result in minimal or little management of GBV	26	81.3	6	18.8	-	-
b)	Confidential treatment and counseling cannot be ensured in cases where there are inadequate health facilities	12	37.5	12	37.5	8	25.0

Poor health facilities and GBV management: An overwhelming majority of the respondents (81.3%) indicated that, to a greater extent poor health facilities posed a challenge to the management of GBV. For the hospital to be able to effectively carry out its activities in managing GBV, it must be equipped in terms of its physical facilities.

Facilities Vs Confidential treatment and counseling: A majority of the respondents (75%) indicated that confidential treatment and counseling could not be ensured in cases where there were inadequate health facilities. From the findings, it was evident that NWH lacked adequate facilities to cater for varied needs of GBV victims. This included lack of adequate treatment and counseling facilities. As reported by one of the practitioners, the available facilities may not be adequate in handling the high number of GBV cases received from the country.

In general the hospital not only lacks adequate physical facilities to handle the high number of GBV victims but also human resources and finances.

4.3 Discussions of the Findings

This section presents the discussion of the key findings of the study based on the already reported objectives.

Financial constraint issue in management of gender based violence

According to World Bank (2010), the management of gender based violence is affected by various financial challenges. This includes low or no funding for Gender Based Violence programmes from the government kitty. Thus resulting into most of the GBV programmes to largely depend on donor funding. This in line with the findings of this study which showed that most of the GBV programs are not adequately financed. Much of financing comes from international donors were the major source of finances. Another study by Lubrani (2008) revealed that lack of financial support from the government and donors was a major challenge that faced organizations that deal with GBV issues.

A majority of the respondents indicated that financial insufficiency reduced the probability of the hospital to implement strategies that are concerned with the management of GBV. Financial insufficiency has been found to significantly reduce the probability of organizations to undertake an innovative or implement key strategies concerned with management of GBV (Gitau, 2005).

Training Needs

The findings of this study revealed that there was training needs among various psychosocial and medical practitioners in Nairobi Women's Hospital. Thus management of GBV related cases may be tricky at times. Warshaw (2009) observes that without training medical practitioners find it difficult to provide the kinds of empowering and advocating responses that are most supportive to women who have been abused. Another study revealed that untrained medical practitioners did not know how to handle GBV cases, and effective interventions that could be used to curb GBV (Finkelhor, 1994).

Health Facilities Needs in Management of GBV

Lack of health facilities, medical supplies and qualified staff to adequately detect and manage survivors of GBV has been found to be a major challenge in the management of GBV (According to a study by Henttonen, Watts, Roberts, Kaducud & Borcherte, 2008). Other challenges include lack of confidential treatment and counseling due inadequate health facilities. NWH is not exceptional in terms of these challenges. Slightly over half of the respondents indicated that confidential treatment and counseling could not be ensured in cases where there were inadequate health facilities and thus it posed a challenge to the management of GBV.

According to the findings of this study, an overwhelming majority of the respondents (81.3%) indicated that poor health facilities result in minimal or little

management of GBV to a greater extent. This is inline with the findings by Boyle, 2002) which showed that poor health facilities have do caused minimal or little management of GBV among hospitals in UK. In fact, lack of health facilities in the hospital cause the patients to lack medical attention and psychosocial practitioners are unable to administer counseling which is needed most during this period (Abbott, 1995).

There are various strategies that can be adopted to manage the challenges facing the management of GBV. According to most of the participants, the government should allocate more finances in the hospitals to cater for the management of GBV. Most of the respondents also reported that various stakeholders should be involved in the provisions of finance for the hospitals. This they said that, with adequate financial resources in disposal, the hospital would be able to provide more training to the practitioners, provide adequate health facilities that could be able to support victims of GBV and thus improve the management of GBV in the hospital.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusions and recommendations of the study on the management of Gender Based Violence: Challenges faced by psychosocial and medical practitioners in Nairobi Women's Hospital.

5.2 Summary

The main purpose of the study was based on the management of GBV: challenges faced by psychosocial and medical practitioners of GBV in Nairobi Women's Hospital. The study was also guided by the following objectives: the extent to which financial constraints hinder effective management of Gender Based Violence, Gender Based Violence training needs of medical and psychosocial practitioners in Nairobi Women Hospital, the adequacy of health facilities in management of Gender Based Violence in Nairobi Women's Hospital and the interventions that can be adopted to manage the challenges facing the management of gender based violence in the hospital.

The study employed a case research design. The sample consisted of medical and psychosocial practitioners. In total they were thirty five (n=35). The study used both questionnaires and interview guide to collect data from the sampled population.

Data were analysed using descriptive statistics, employing both quantitative approach and qualitative approach. Data from questionnaires were purely analysed quantitatively, and presented in frequencies and percentages while that which was collected through the interview method were analysed qualitatively. From the analysis, the study revealed the following findings:

- Gender Based Violence related programs are not adequately financed.
- The major sources of finance for GBV programs include the international donors and the government.
- Inadequate finance has negative effects on the management of Gender Based Violence at Nairobi Women's Hospital. It reduces the probability of the hospital to implement innovative strategies that are concerned with the management of GBV.
- Reducing GBV through hospital financing is impossible mainly because the funding is channeled towards supporting human and physical resources.
- The training offered by the hospital in the management of GBV is not adequate.
- Some of the key areas covered during training of GBV included causes of GBV (25%), how to manage GBV (25%) and the preventive measures of GBV (25%). Other areas include education awareness for the public and how to handle a survivor of GBV.

- Some of the training needs for effective management of GBV include training needs in GBV advocacy, victims-response mechanisms and victim empowerment.
- Some of the other areas of training needs for medical practitioners include sexual assault, forensic examination, trauma counseling, collection of evidence and court attendance. Whereas training needs for psychosocial practitioners include cognitive therapy training, eye movement desensitization therapy, sign language, psycho trauma therapy and supervision.
- An overwhelming majority of the respondents (81%) indicated there were no adequate health facilities that could be used to handle the victims and patients of GBV in the hospital.
- The ratio of medical and psychosocial practitioners to the victims of GBV is wanting.
- According to 81.3% of the respondents, poor health facilities in the hospital posed a challenge to the management of GBV to a greater extent.
- Confidential treatment and counselling cannot be ensured to the victims of GBV due to lack of adequate health facilities.

5.3 Conclusions

The first objective of the study intended to find out the extent to which financial constraints hinder effective management of GBV. As per the findings of the

study, it can be concluded that the finance available in Nairobi Women's Hospital is not that adequate to sustain the management of GBV programs. This has compromised the hospital in providing various critical services with regard to GBV victims and it also hinders the hospital from venturing into other areas of medical services or even to implement some of the strategies that may add a great value to the efficiency of services provided by the hospital. Thus, financial constraints hinder the effective management of GBV to a greater extent.

The second objective of the study was to establish GBV training needs of medical and psychosocial practitioners in Nairobi Women's Hospital. Various stakeholders in the medical field require adequate training for them to be able to offer quality services to their patients. For the management of GBV to be more effective, medical practitioners need to be trained in the areas of GBV advocacy, victims-response mechanisms and victim empowerment whereas psychosocial practitioners need to be trained in the areas of cognitive therapy training, eye movement desensitization therapy, psycho trauma therapy, trauma focused cognitive therapy and supervision.

The third objective of the study was to examine the adequacy of health facilities in management of GBV in Nairobi Women's Hospital. The hospital lacks adequate health facilities. This is the main reason why the hospital faces a lot of challenges in giving more attention to the victims of GBV who are critically injured and require technical assistances. Lack of finance has also resulted the

hospital from not acquiring some of the latest technologies and machines that can be used for scanning and treating these victims.

5.4 Recommendations

Gender Based Violence is a complex issue and there is no one single recommendation that can serve in all situations. From the findings and conclusions of the study the following recommendations are made:

5.4.1 The Government

In relation to the laws, the enacted laws on GBV should be followed strictly and heavy penalties be awarded to those who are caught to violate the rights of women or children in one way or the other. This may set an example to the others and thus, reduce the number of violation cases received by the hospital.

Lack of implementation of sound legal and policy frameworks by key players in the government is the root cause of prevalence of GBV. It is the responsibility of the government to harmonize its national laws in line with these instruments. It should enact domestic and sexual violence legislations that prohibit all forms of violence against women and men. It should also denounce and reform all laws, practices and policies that allow harmful cultural practices such as wife inheritance and female genital cut. This will add up to increase in the number of GBV cases received in the hospital and thus maintain the ratio between medical and psychosocial practitioners to the victims of GBV.

The government should allocate more financial resources while at the same time make it available for the hospital to get easy access to some of the facilities and technologies that are best in giving quality services to the victims of GBV. Before implementing the laws that make a provision in the national health care system to allow the right to free health care services primarily to survivors and victims of GBV, it should ensure that all hospitals offering services on GBV are fully equipped. By provision of adequate finance by the government the hospital will be able to cater for any increase in the number of victims registered in the hospital for medical treatments.

5.4.2 The Hospital Management

The management of the hospital has a role to play in running public awareness and education campaigns to educate the people to discourage certain cultural practices that promote GBV. This should be done in order to shift the cultural orientation and perception of gender-based violence and that of the survivors and the perpetrators. In preventing more incidences of GBV, the management should involve itself in informing the members of society about the relevant laws that outlaw all forms of gender-based violence. This can be facilitated by sensitization of society to consider women's rights and freedoms as human rights, and lobbying the government to give incentives to communities that best promote women's rights. It would be prudent to include community leaders, and even school authorities in educating communities about the roles they need to play in

the envisaged broad approach to eliminating gender-based violence and reducing the stigma that surrounds the survivors and the victims.

5.4.3 NGOs

NGOs should undertake countrywide Time-Use studies. This would yield important tools and instruments for quantitatively assessing women's overall economic contributions in various sectors, as well as assessing the economic cost of gender exclusion, the cost of gender violence and of HIV/AIDS.

Women's organizations have also continued to play a significant role in boosting the visibility of violence against women; giving victim survivors a voice through tribunals and personal testimonies; providing innovative forms of support to victims of violence; and forcing governments and the international community to recognize their own failure to protect women. These organizations have pushed for policy change and institutional mechanisms to be set up. As such, it is crucial that these organizations continue to lead the process, particularly in playing a monitoring and accountability role and that influencing the government to increase partnerships with them.

International Organizations can play a critical role by using their expertise and credibility to garner support for eliminating GBV. By advocating with the government, and by supporting programmes run by both the government and

non-governmental organizations, these organizations will help to prevent and reduce different forms of GBV in various regions of the country.

5.4.4 The Local Community

In traditional societies, families have relied upon community-based support mechanisms to resolve issues of conflict. Thus, involvement of local community in resolving issues related to GBV remains fundamental. Community elders and religious leaders have the responsibility to demonstrate leadership through spearheading the campaign for sound cultural practices. They should be involved in creating a culture of non-violence, in setting up sanctions, negotiating appropriate local cultural responses to preventing violence and monitoring respect for, and implementation of, the sanctions that are in place.

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APPENDICES

Appendix I: Questionnaire for Staff Members

University of Nairobi (UoN)

P.O. Box 30197

Nairobi.

Dear Respondents,

I am a Masters of Education student at the University of Nairobi. I am conducting a research study to examine the Management of GBV: Challenges faced by Psychosocial and medical practitioners in Nairobi Women's Hospital. You have been selected to take part in this study. I would be grateful if you would assist me by responding to all items in the attached questionnaire.

Your name does not need to appear anywhere in the questionnaire. The information will be kept confidential and will be used for academic research purpose only. Your co-operation will be greatly appreciated.

Thanks in advance.

Yours sincerely,

SECTION I: Demographic Characteristics of the respondent

1. Please indicate your sex

Sex	Tick
Male	
Female	

2. Please state your current Age group?

Age group	Tick	Age group	Tick
30-35yrs		46-50yrs	
36-40yrs		above 51years	
41-45yrs			

3. What are the Years of experience as a Psycho-Social or Medical Practitioner?

Years of experience	Tick	Years of experience	Tick
Below 5 years		16-20 yrs	
5-10 yrs		21-25	
11-15 yrs		26 years and above	

4. Designation

a) Psychosocial Practitioners [ ]

b) Medical Practitioners [ ]

Section II: Financial Constraints

5. Are programs related to gender based violence adequately financed?

a) Yes [ ]

b) No [ ]

c) Not sure [ ]

6. What are the major sources of GBV finances?

Financial Source	Tick	Comment
Government		
International Donors		
Private sector		
Others (Specify)		

7. Do you agree with the following statement regarding how financial constraint could be is a challenge to the management of gender based violence in your organization?

Key: *SA: Strongly agree; A: Agree, UN: Undecided; D: Disagree; SD: Strongly disagree*

No.	Items	SA	A	UN	D	SD
a)	The hospital is financially unstable to handle cases of Gender Based Violence.					

b)	Financial constraint is among the reasons that prevent victims of gender violence from seeking Medical attention and counseling services.					
c)	The hospital receives little funds to cater for Gender Based Violence from external donors.					
d)	Our mission in reducing gender based violence is sometimes impossible simply because our funding is contingent on projects.					
e)	Financial insufficiency significantly reduces the probability of the hospital to undertake an innovative or implement key strategies concerned with management of Gender Based Violence.					
f)	Lack of adequate financial support from government and donors is one of the key challenges that face the management of Gender based violence.					

Section III: lack of sufficient training

8. Does the hospital provide adequate training to medical and psycho-social Practitioners on Gender Based Violence areas?

a) Yes [ ]

b) No [ ]

c) Not sure [ ]

9. In such training, which areas of gender based violence are covered?

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10. By use of a tick, please indicate where appropriate regarding the following statements?

	Statement	True	Not true	Not sure
a)	Without training, I find it difficult to provide the kind of empowering and advocating responses that are most supportive to women who have been abused.			
b)	The hospital does not provide us with training in GBV, and especially in understanding how prevention of GBV is central to protection and to the upholding of human rights.			
c)	Lack of training regarding gender based violence is one of the primary challenges facing the management of GBV.			
d)	Most of the medical practitioners have no appropriate training on responding to the needs of survivors and interview techniques.			

Section IV: Inadequate health facilities

11. Are the health facilities in the hospital adequate to handle victims and patients of Gender Based Violence?

a) Yes [ ]

b) No [ ]

12. How can you describe the ratio of Psycho-Social and Medical Practitioner to the patients and victims of Gender Based Violence?

a) Good [ ]

b) Average [ ]

c) Poor [ ]

13. By use of a tick, please indicate the extent to which various statements regarding health facilities pose a challenge to the management of GBV in the hospital.

	Statements	**To a greater extent**	**To some extent**	**No xtent at all**
a)	Poor health facilities result in minimal or little management of GBV			
b)	Confidential treatment and counselling can not be ensured in cases where there are inadequate health facilities			
c)	Poor health facilities affect the extent to which the hospital offer services to the survivors of GBV.			

Section V: Measures that can be adopted to manage Gender Based Violence

14. Suggest what you think are the best and most effective ways of dealing with Gender Based Violence.

_____

_____

_____

_____

_____

_____

Thank you for your cooperation

Appendix II: interview guide for Chief Psycho- social and Chief medical Practitioner

Dear Participant,

I am a student at the Nairobi University, I am conducting a research on management of gender based violence and the challenges faced by Psychosocial and Medical Practitioners., I am glad to inform you that you have been selected to participate in the study.

You are kindly requested to sincerely respond to the items in the interview guide. I would like to assure you that all the information you provide will be used strictly for academic purposes and your identity will be kept confidential.

Instructions:

Please put a tick in the box and fill in the space provided on what is applicable to you:

SECTION I: Demographic Characteristics of the respondent

1. Please indicate your sex

Sex	Tick
Male	
Female	

2. Please state your current Age group?

Age group	Tick	Age group	Tick
30-35yrs		46-50yrs	
36-40yrs		above 51years	
41-45yrs			

3. What are the Years of experience as a Psycho-Social or Medical Practitioner?

Years of experience	Tick	Years of experience	Tick
Below 5 years		16-20 yrs	
5-10 yrs		21-25	
11-15 yrs		26 years and above	

4. Please state your occupation?

a) Chief Psycho- social Practitioner [ ]

b) Chief medical Practitioner [ ]

Section II: Challenges Facing Management Of GBV

5. Please explain whether programs related to gender based violence are adequately financed.

6. What are the major sources of GBV finances.

7. What are the most pressing financial constraints facing management of gender based violence?

8. In your own opinion, are the Psycho-Social or Medical Practitioner staff members in your hospital adequately trained to deal with cases pertaining Gender Based Violence?

9. Does the Hospital train Medical Practitioner staff members on how to screen and Do counseling to victims of Gender Based Violence?

10. In your own opinion, to what extent does lack of training affect management of gender based violence in your hospital?

11. Please explain whether there are adequate facilities in the hospital to handle victims and patients of GBV?

12. What is the ratio of Psycho-Social and Medical Practitioner to the patients and victims of Gender Based Violence.

13. Does the hospital provide post exposure prophylaxis to victims of Gender based violence?

14. How can you describe the ratio of Psycho-Social and Medical Practitioners to the patients and victims of Gender Based Violence?

15. Please explain how lack of adequate facilities pose challenges to the management of gender based violence.

_____

_____

_____

_____

16. Suggest what you think are the best and most effective ways of dealing with Gender Based Violence.

_____

_____

_____

_____

_____

_____

Thank you for your cooperation